

THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF REVENUE ADMINISTRATION
INTEREST AND DIVIDENDS TAX RETURN

1993

OFFICE USE ONLY

For the CALENDAR year 1993 or other tax year beginning _____ and ending _____
Mo Day Year Mo Day Year

Due Date for CALENDAR year is on or before April 15, 1994 or the 15th day of the 4th month after the close of the fiscal period.

STEP 1

Place
LABEL HERE
Otherwise,
please print
or type

Last Name	First name & initial	SOCIAL SECURITY NUMBER ____ - ____ - ____
Spouse's Last name	First name & initial	
Name of Partnership, Fiduciary		SPOUSE'S SOCIAL SECURITY NUMBER ____ - ____ - ____
Number and Street		FEDERAL IDENTIFICATION NUMBER (Partnership & Fiduciary) ____ - ____ - ____
City or Town, State and Zip Code		

STEP 2

Entity Type
and Federal
Information
and Special
Return Type

<input type="checkbox"/> INDIVIDUAL ① <input type="checkbox"/> JOINT ① <input type="checkbox"/> PARTNERSHIP ③ <input type="checkbox"/> FIDUCIARY ④ _____ % of NH Ownership	<input type="checkbox"/> Check here if you would like your forms mailed to a different address other than the above. (See instructions) Number and Street _____ City/Town _____ State _____ Zip _____
--	---

STEP 3

Questions

<input type="checkbox"/> INITIAL RETURN Date established residency _____ month _____ day _____ year
<input type="checkbox"/> FINAL RETURN *If checked, fill in A or B below. A. Date abandoned residency _____ month _____ day _____ year OR B. Deceased taxpayer: Social security # _____ Date of death _____ month _____ day _____ year
<input type="checkbox"/> AMENDED RETURN Note: DO NOT USE this form to report an IRS adjustment. File FORM RP-87 A.

STEP 4

COMPLETE PAGE 2 BEFORE COMPUTING TAX

STEP 5

Figure Your
Net Taxable
Income

6. Gross Taxable Income (Line 5, page 2)	6.	
7. Less: \$1,200 individual, \$2,400 Joint, \$0 others	7.	
8. Adjusted Taxable Income (Line 6 less line 7)	8.	
FOR INDIVIDUAL/JOINT FILERS ONLY: IF LINE 8 IS ZERO OR LESS, YOU ARE NOT REQUIRED TO FILE. HOWEVER, TO BE REMOVED FROM OUR MAILING LIST CHECK HERE AND MAIL IN THE RETURN. <input type="checkbox"/>		
9. Check the exemptions that apply <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Blind <input type="checkbox"/> Spouse Blind <input type="checkbox"/> 65 (or over) _____ or disabled <input type="checkbox"/> Spouse 65 (or over) _____ or disabled Year of Birth _____ Year of Birth _____		
Total number of boxes checked _____ x \$1,200 =	9.	
10. Net Taxable Income (Line 8 less line 9)	10.	

STEP 6

Figure Your
Tax, Credits,
Interest
and Penalty

11. New Hampshire Interest and Dividends Tax (Line 10 x 5%)	11.	
12. Credits: (a) Tax paid with Application for Extension	12(a)	
(b) Payments from 1993 Declaration of Estimated Tax	12(b)	
(c) Credit carryover from prior years	12(c)	
(d) Paid with original return (Amended returns only)	12(d)	
13. Balance of Tax Due (Line 11 less line 12)	13.	
14. Additions to Tax: (a) Interest (See instructions)	14(a)	
(b) Failure to Pay (See instructions)	14(b)	
(c) Failure to File (See instructions)	14(c)	
(d) Underpayment of Estimated Tax (See instructions)	14(d)	

STEP 7

Figure Your
Balance
Due or
Overpayment

15. Total Balance Due (Line 13 plus line 14) If less than \$1.00 do not pay (Make check payable to: State of New Hampshire)	15.	
16. OVERPAYMENT	16.	
17. Apply Overpayment to: (a) Credit on 1994 estimate	17(a)	
(b) Refund — Please allow 12 weeks for processing	17(b)	

STEP 8
Signature

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which he/she has knowledge.

OFFICE USE ONLY

Signature of Taxpayer	Date	Signature of paid preparer other than taxpayer
If joint return, BOTH husband and wife must sign, even if only one had income		Preparer's Identification Number
		Date
DEPT. OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION P.O. BOX 2072 CONCORD, NH 03302-2072		Preparer Address
		City or Town, State, and Zip Code

STEP 9

For next year, instead of receiving an Interest and Dividends Tax Booklet, do you wish to receive just a mailing label that you can give to

RP-10

